

**INSTRUCTIONS/CHECKLIST
INITIAL APPLICATION WITH VIRGINIA BOARD OF EDUCATION ENDORSEMENT
FULL SPEECH-LANGUAGE PATHOLOGY LICENSE**

Prior to proceeding to the application process, please read the following information:

- 1) This initial application is for an individual who has an active, renewable license issued by the Virginia Board of Education with a valid endorsement in speech-language pathology as of June 30, 2014. If an individual has ever been issued a license by the Board of Audiology and Speech-Language Pathology (Board), this application cannot be submitted and the Board should be contacted;
- 2) All applicants and licensees are responsible for reviewing the Virginia laws and regulations pertaining to the practice of speech-language pathology which are located at www.dhp.virginia.gov/aud;
- 3) An incomplete application will delay the processing of an application;
- 4) Application documentation must be submitted directly from the source of the information. Copies or faxes of documentation are accepted only as noted below;
- 5) The board may require additional documentation as needed to determine eligibility;
- 6) If applying for an initial full speech-language pathology license with a Virginia Board of Education endorsement between July 1, 2014 and December 1, 2014, a partial fee of \$65 is required to be submitted with the application. The Virginia Department of Education is assisting initial applicants by paying \$70 towards the \$135 total application fee during this timeframe. Please note: The application process may take 30 to 45 days to complete; and
- 7) Submit a required fee of \$65, check or money order, made payable to "Treasurer of Virginia."

You may qualify for initial licensure as a speech-language pathologist if you meet one of the options below and submit the required documentation:

Option 1 (Graduate degree, passage of PRAXIS exam within last three years or active practice)

- Verification of a Masters or doctoral degree in speech-language pathology from a speech-language pathology program accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association;
- Verification of a passing score on the qualifying examination (Praxis II) within the last three years **OR** verification of active practice as a speech-language pathologist for at least one year of the past three consecutive years preceding the date of application. Employment may be verified on the Board's optional *Employment Verification Form* (found below) or on letterhead;
- Verification of all speech-language pathology licenses ever held in another jurisdiction of the U.S. or its territories and District of Columbia. Licenses may be verified on the Board's optional *Licensure Verification Form* (found below). A license issued by the Virginia Board of Education does not need to be verified using this form. Do not send this form to the Virginia Department of Education; and
- Verification in the form of a copy of an active, renewable license issued by the Virginia Board of Education with a valid endorsement in speech-language pathology as of June 30, 2014.

Option 2 (CCC issued within six months, passage of PRAXIS exam within three years or active practice)

- Verification of Certificate of Clinical Competence issued within the last six months prior to licensure;
- Verification of a passing score on the qualifying examination (Praxis II) within the last three years preceding the date of application **OR** verification of active practice as a speech-language pathologist for at least one year of the past three consecutive years preceding the date of application. Employment may be verified on the Board's optional *Employment Verification Form* (found below) or on letterhead;
- Verification of all speech-language pathology licenses ever held in another jurisdiction of the U.S. or its territories and District of Columbia. Licenses may be verified on the Board's optional *Licensure Verification Form* (found below). A license issued by the Virginia Board of Education does not need to be verified using this form. Do not send this form to the Virginia Department of Education; and
- Verification in the form of a copy of an active, renewable license issued by the Virginia Board of Education with a valid endorsement in speech-language pathology as of June 30, 2014.

Application Notifications from the Board

- Email confirmation of receipt of application, including a listing of incomplete application items if applicable.
- Email notice when license issued. **Note:** Individuals are not licensed to practice until they receive notification from the Board that the license has been issued. An application in process is not sufficient to practice.
- Postal mailing of the license.

License Expiration Dates

Licenses issued prior to July 1 expire on December 31 of the current year. Licenses issued on or after July 1 expire December 31 of the following year.

Board Communication

- Email address: The Board's preferred method of communication is through email notifications. Maintaining a current email address with the Board office provides a mechanism for up-to-date and cost effective communication. **Note**: It is recommended that you add the Board's email address to your list of contacts to avoid the Board's communication being identified as SPAM.
- To receive automatic board regulatory updates via email, register with the Virginia Regulatory Town Hall at www.townhall.virginia.gov.

Board of Audiology and Speech-Language Pathology Contact Information

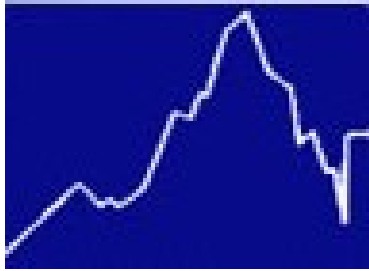
Address: 9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Webpage: www.dhp.virginia.gov/aud/

Email: AudBD@dhp.virginia.gov

Phone: (804) 367-4630

Fax: (804) 527-4471



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Audiology and Speech Language Pathology

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: AudBD@dhp.virginia.gov
Phone: (804) 367-4630
Website: www.dhp.virginia.gov

INITIAL APPLICATION WITH VIRGINIA BOARD OF EDUCATION ENDORSEMENT
FULL SPEECH-LANGUAGE PATHOLOGY LICENSE

Full Name (Please Print or Type)

Last	First	Middle Initial

Have you ever been known by any other name? Yes ☐ No ☐ If yes, state, in full, every name by which you have been known, the reason therefore, and dates so used. Include a copy of court order or marriage certificate with application.

Other Names:

Public Address for Disclosure	City	State	Zip Code	Telephone No.
Address of Record (Mailing Address)	City	State	Zip Code	Telephone No.

ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. Addresses of individuals **are not posted** on the "License Lookup" program available through the board's website.

*Social Security No. or Virginia DMV No.	Date of Birth (mm/dd/yyyy)	Email Address	
Graduation Date (mm/dd/yyyy)	Professional Degree(s)	School	State

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number** issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPLICANT #	FEE	IAT VOUCHER #/RECEIPT #	LICENSE #	ISSUE DATE

SSLP_doeApplicMay2014

1. Have you been actively engaged in the practice of speech-language pathology prior to seeking licensure in Virginia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Do you have a current Certificate of Clinical Competence issued within the last six months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

3. List all professional practice in reverse chronological order. A resume may be submitted.			
Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Name of Employer/City/State/Phone	Type of Practice

4. List all jurisdictions (U.S. or its territories, District of Columbia) in which you have ever held a license to practice speech-language pathology. If more space is needed, please record on separate paper.				
Jurisdiction	License #	Issue Date (mm/dd/yyyy)	Years of Practice	License Status (expired/active/inactive/revoked/suspended)

QUESTIONS MUST BE ANSWERED. If any of the following questions (5-10) are answered yes , explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.		
5. Have you ever been convicted of a violation of, or pled Nolo Contendere to, any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor, to include convictions for driving under the influence (DUI) and excludes traffic violations. Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters, documentation of rehabilitation, etc.).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Have you ever had any of the following disciplinary actions taken against your license to practice speech-language pathology in any jurisdiction? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty? If yes , the regulatory agency authorized to take such action(s) must submit documentation of any disciplinary action taken against your license to include notices, orders, details, etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Are you currently under disciplinary investigation by any jurisdiction? If yes , give jurisdiction. <div style="background-color: #cccccc; width: 100px; height: 15px; margin-top: 5px;"></div>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Have you had any malpractice suits brought against you in the last ten years? If yes , how many? Provide details and documentation. Letters must be submitted by your attorney or representative regarding malpractice suits.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Have you been physically or emotionally dependent upon the use of alcohol/drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? If yes , please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Do you have a physical disease, mental disorder, or any condition which could affect your performance of professional duties? If yes , provide a letter from your treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

11. AFFIDAVIT OF APPLICANT

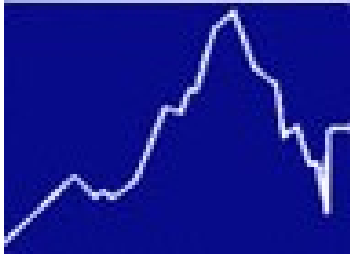
I, _____, being first duly sworn, attest that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Audiology and Speech-Language Pathology any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to my application and me.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice Speech-Language Pathology in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of audiology and speech-language pathology. I hereby agree to abide by and remain current with the applicable laws and regulations which are available on www.dhp.virginia.gov.

Signature of Applicant

	COMMONWEALTH OF VIRGINIA Department of Health Professions <u>Board of Audiology and Speech-Language Pathology</u>	
	Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463	Email: audbd@dhp.virginia.gov Phone: (804) 367-4630 Website: www.dhp.virginia.gov

LICENSURE VERIFICATION FORM

TO THE APPLICANT – List name and license number in top section only and forward to all jurisdictions (U.S. States or Territories and Washington, D.C.) in which you have ever been issued a license to practice as an audiologist or speech-language pathologist.

Applicant Full Name:	License Number:
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STATE LICENSURE BOARD OR REGULATORY AGENCY – The person listed above is applying for a license to practice as an audiologist or speech-language pathologist in Virginia. The Virginia Board of Audiology and Speech-Language requests that the form be completed by each jurisdiction in which he/she holds or has ever held a license/certificate. Please complete the form and return it to the address listed above.

State/Commonwealth of:

Licensee Name:	Issued Date:
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License/Certification Number:

Licensed/Certified Through (check all that apply):

☐ National Examination (PRAXIS) ☐ American Speech-Language Hearing Association (ASHA)
☐ State Board Examination
☐ Reciprocity/Endorsement from another U.S. State or Territory (Name of State) _____

Status of License is: ☐ Active ☐ Current Inactive ☐ Expired/Lapsed ☐ Revoked ☐ Suspended

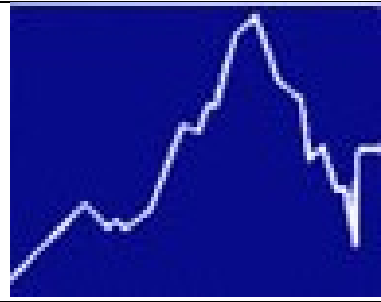
Is there any pending disciplinary action against applicant's license or certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has the applicant's license/certificate ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has there been any disciplinary history? If yes to any of the questions, please provide all information available under your state's freedom of information statutes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments, if any:

BOARD SEAL <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> _____ Signed </div> <div style="width: 45%; text-align: center;"> _____ Date </div> </div>	
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COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Audiology and Speech-Language Pathology

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Phone: (804) 367-4630
Website: www.dhp.virginia.gov

EMPLOYMENT VERIFICATION

APPLICANT INFORMATION – To be completed by applicant. Please type or print.

Last Name	First Name	Middle Initial	Other Names Used
I hereby authorize the release of employment verification to the Virginia Board of Audiology and Speech-Language Pathology.			
Signature:		Date:	

EMPLOYER OR AUTHORIZED REPRESENTATIVE – To be completed by employer or authorized representative.

The individual named above is applying for licensure as an Audiologist or Speech-Language Pathologist in the Commonwealth of Virginia. Please verify the employment history and status of this individual. In lieu of completion of this form, an employer may send a letter confirming requested information.

Employer's Business or Organization Name:	
Type of Business:	
Business Address:	
Phone:	Email Address:
Employee Name	Position Title
Employment Begin Date (mm/dd/yyyy)	Employment Status
Provide all practice locations and dates of employment. If more space is required, list on separate paper.	
Practice Locations	Dates of Employment
Print Name	Signature and Date